



CITY OF NEW ORLEANS

DEPARTMENT OF SAFETY & PERMITS

Demolition Request – Letter of Intent

Date: _____ Tracking Number: _____

Applicant's Name (Please Print): _____

Permit Address: _____ Suite/Unit: _____

Owner Name: _____

Owner Address: _____ City: _____ State: _____ ZIP: _____

Owner Telephone No.: _____ Secondary Telephone No.: _____

Applicant Name (if different than owner): _____

Applicant Address: _____ Suite/Unit: _____

City: _____ State: _____ ZIP: _____ Telephone Number: _____

Applicant is: _____ Owner, _____ Lessee, _____ Contractor, _____ Architect, _____ Other: _____

Why do you wish to demolish the existing structure? _____

Cost of Demolition: \$ _____

Do you plan to rebuild on the site? _____ Yes _____ No

If yes, what do you plan to build? _____

How long will the lot remain vacant? _____

Have plans been drawn for the new structure? _____ Yes _____ No _____ In process

(If plans have been developed, please provide a site plan and exterior elevation.)

Does the proposed structure meet zoning requirements? _____ Yes _____ No _____ Don't know

What is your plan for maintaining the lot in the period between demolition and redevelopment? _____

If the lot is to be left vacant, what type of fence is proposed? _____

What is your plan for keeping the lot free of trash and weeds? _____

(If additional space is needed, please attach additional sheets.)

Applicant signature: _____